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TO: Mail Stop: AF
Commissioner for Patents

FROM: Guy V. Tucker

EXAMINER: Nihir B. PATEL

PHONE NUMBER: 650.620.5501

FAX NUMBER: 571-273-8300

FAX NUMBER: 650.620.6395

PHONE NUMBER:

DATE: January 25, 2007

RE: U.S. Serial No.: 09/852,408
Docket No.: 0064.00

TOTAL NO. OF PAGES INCLUDING COVER: 8

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DOCUMENTS SUBMITTED

Transmittal PTO/SB/21
Notice of Appeal Fee Transmittal (in duplicate)
3 months Extension of Time PTO/SB/22 (in duplicate)

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PTO/SB21 (09-08)

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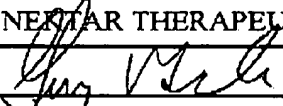
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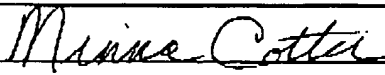
TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/852,408	RECEIVED CENTRAL FAX CENTER JAN 25 2007
	Filing Date	May 9, 2001	
	First Named Inventor	Carlos SCHULER, et al.	
	Art Unit	3743	
	Examiner Name	Nihir B. PATEL	
Total Number of Pages in This Submission	Attorney Docket Number	0064.00	

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Notice of Appeal Fcc Transmittal (in duplicate) and Facsimile Transmittal
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	NEKTAR THERAPEUTICS		
Signature			
Printed name	Guy V. Tucker		
Date	25 JAN 2007	Reg. No.	45,302

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Typed or printed name	Minna Cotter	Date	01/25/2007

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